

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Physical Examination Statement

Participant Name (Last, First, Middle Initial)

Social Security Number

This is to certify that I have been offered a physical exam as a fringe benefit of SCSEP enrollment. The examination is offered at no cost to me. I understand that to refuse an examination will not affect the status of my enrollment.

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Yes, I choose to take the Physical Exam offered and wish to share the results of the exam with program staff and a copy of my physical exam will be kept in a secure file in the SCSEP office.

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Yes, I choose to take the Physical Exam offered and do not wish to share a copy of the physical and I release the SCSEP from any liability resulting from my refusal to provide a copy.

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No, I choose not to take the Physical Exam and I release SCSEP from any liability resulting from my refusal to have a physical examination. I certify that my decision to waive the physical examination is made voluntarily.

I understand that a physical examination may be required of me as part of a community service assignment.

Participant Signature

Date

SCSEP Staff Signature

Date